

RECORD OF MEDICATION ORDER

Wee Wisdom Nursery School & Child Care Center, Inc.

Instructions to Parents & Physicians:

- Please have your health care provider fill out this form completely.
- All non-prescriptive medication(s), medicinal products, physician's sample medications, and medicinal skin care products given and reason for use. (If used for fever, the degree of temperature must be stated.
- A physician's order is valid for one year only.

Child's **Full Name:** _____ DOB: _____
Last First Middle

#1

Exact Name of Medication:	Dosage to be given:
Time to be given:	Reason for use:
Physician Signature: X	Date

#2

Exact Name of Medication:	Dosage to be given:
Time to be given:	Reason for use:
Physician Signature: X	Date

#3

Exact Name of Medication:	Dosage to be given:
Time to be given:	Reason for use:
Physician Signature: X	Date

Printed Name of Physician: _____

Physician Phone Number: _____

Child's Full Name: _____ DOB: _____
Last First Middle

#4

Exact Name of Medication:	Dosage to be given:
Time to be given:	Reason for use:
Physician Signature: X	Date

#5

Exact Name of Medication:	Dosage to be given:
Time to be given:	Reason for use:
Physician Signature: X	Date

#6

Exact Name of Medication:	Dosage to be given:
Time to be given:	Reason for use:
Physician Signature: X	Date

Printed Name of Physician: _____

Physician Phone Number: _____